



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH CARE PLLC
2821 LACKLAND ROAD SUITE 300
FORT WORTH TX 76116

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-1864-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim originally processed and paid on 07/28/11. CPT Code 99253-57 denied as 'This procedure code and modifier were invalid on the date of service'. A Corrected Claim was submitted on 08/28/11 with Corrected CPT Code 99222-57. Insurance denied the Corrected Claim as past timely filing on 09/29/11. An Appeal was submitted on 10/13/11 regarding past timely filing. This claim was not past timely filing, this was a Corrected Claim and should have processed as such. The most recent EOB received 11/01/11 states 'Original decision was upheld'."

Amount in Dispute: \$170.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed Texas Mutual on or about 6/29/11 CPT code 99253 for date of service 4/12/11. Medicare discontinued the use of that code on 1/1/10. For this reason Texas Mutual denied payment for a discontinued code. The requestor 'corrected' the bill, according to its DWC-60 packet, and then submitted on or about 8/25/11. The requestor insists this is a corrected bill and must, therefore, be timely. However, even though the billing code has been changed to a valid code it constitutes a new bill with respect to Rule 133.250. As such it is untimely. No payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 1, 2011	CPT Code 99222-57	\$170.66	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 28, 2011 for CPT code 99253-57

- CAC-B18 – THIS PROCEDURE CODE AND MODIFIER WERE INVALID ON THE DATE OF SERVICE.
- 893 – THIS CODE IS INVALID OR NOT COVERED OR HAS BEEN DELETED.

Explanation of benefits dated September 29, 2011 for CPT code 99222-57

- CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05.

Explanation of benefits dated November 1, 2011 for CPT code 99222-57

- CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824.
- 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05.

Issues

1. Did any of the exceptions listed in Texas Labor Code §408.0272 apply to the medical services in dispute?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted documentation finds that a bill was dated as submitted to the respondent on August 25, 2011; however the bill date of August 25, 2011 is not within 95 days after the date on which the health care services were provided. Consequently, documentation submitted by the requestor in this medical fee dispute does not sufficiently support that the medical bill was submitted timely.
3. The requestor failed to sufficiently support timely submission of the services in dispute. Therefore, in accordance with Texas Labor Code §408.027(a) provider's right to reimbursement is forfeited.

Conclusion

For the reasons stated above, the Division finds that the requestor has forfeited its right to reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	March 22, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.